



ALBUQUERQUE POLICE DEPARTMENT
PROCEDURAL ORDERS

Effective: 01/09/13

Replaces: 07/10/08

2-13 RESPONSE TO THE MENTALLY ILL/SUSPECTED MENTALLY ILL AND PEOPLE IN CRISIS.

POLICY:

Department policy is to provide an effective response to situations involving subjects who are suspected and/or verifiably mentally ill, and/or people in crisis in order to avoid unnecessary violence and potential civil litigation, and to ensure that proper medical attention is provided.

This policy is to serve as a guideline to enable officers to identify behavior indicative of a mental illness or crisis, and to utilize Department and other resources to bring incidents involving the mentally ill and people in crisis to a desirable resolution.

DEFINITIONS:

MENTAL ILLNESS

Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

GRAVE PASSIVE NEGLECT

Failure to provide for one's basic personal needs, medical needs, or for one's own safety, to such an extent that it is likely to result in bodily harm.

CERTIFICATE OF EVALUATION

A document completed by a licensed physician or certified psychologist that certifies a person, as a result of a mental disorder, presents a likelihood of harm to him/herself or others and that immediate detention is necessary to prevent such harm.

CRISIS

Any situation in which a person's ability to cope is exceeded.

FIELD CRISIS INTERVENTION TEAM

Composed of Field Services patrol officers that function within their patrol teams as specialists in handling calls involving the mentally ill, and other calls of crisis not related to mental illness.

CRISIS OUTREACH AND SUPPORT TEAM (COAST)

Composed of civilian employees supervised by a sworn supervisor (Sergeant), COAST enhances the Field Crisis Intervention Team by providing crisis intervention, linkage to services and community education in response to police referrals and citizen requests. COAST is assigned to the Criminal Investigations Division (CID)-Crisis Intervention Team Section.

PROJECT GUARDIAN

A secure law enforcement-only information system which has the capability to provide emergency alerts, notifications, and ongoing communication to law enforcement personnel in real time. This system is used for individuals who have presented themselves as an elevated risk of danger.



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RULES AND PROCEDURES:**2-13-01 RECOGNIZING ABNORMAL BEHAVIOR**

Officers should be able to recognize behavior that is indicative of mental illness and that is potentially dangerous to self and/or others. Officers should not rule out other causes of abnormal behavior such as reactions to drugs, alcohol or temporary emotional disturbances. Officers should evaluate the following symptomatic behavior (s) in total context of the situation when determining a subject's mental state and the need for intervention absent of commission of a crime.

General signs/symptoms that may signal mental illness exists:

- A. Degree of Reactions - Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. For example, the fear of people or crowds may make the person reclusive or aggressive without apparent provocation.
- B. Appropriateness of Behavior - A person who acts extremely inappropriate for a given situation may be mentally ill.
- C. Extreme Rigidity or Inflexibility - Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may exhibit inappropriate or aggressive behavior.
- D. Other Specific Behaviors -
 - 1. Abnormal memory loss such as name, address or phone number;
 - 2. Delusions of:
 - a. Grandeur; e.g., "I am Christ"
 - b. Paranoia; e.g., "Everyone is out to get me"
 - 3. Hallucinations of any of the five senses; e.g. hearing voices, feeling one's skin crawl
 - 4. Belief that the person is suffering from extraordinary physical illnesses that are not possible, such as their heart has stopped beating
 - 5. Extreme fright or depression

2-13-02 DETERMINING DANGER

Not all mentally ill persons are dangerous. Some mentally ill persons may be dangerous only under certain circumstances. Specific indicators may exist to assist the officer in determining if an apparent mentally ill person represents an immediate or potential danger to him/herself, officers, or others. These indicators include but are not limited to the following:

- A. The availability of weapons to the subject
- B. Substantiated statements (direct threats or subtle innuendo) by the person that he/she is prepared to commit a violent or dangerous act, or the actual commitment of a violent or dangerous act.
- C. Personal history, known or provided, that reflects prior violence under similar circumstances.
- D. Failure to commit a violent or dangerous act prior to the arrival of the officer does not guarantee that such an act will not occur.
- E. The lack of physical control the subject demonstrates over his/her emotions



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of rage, anger, fright and agitation, characterized by:

1. Inability to sit still
2. Inability to communicate effectively, rambling thoughts and speech
3. Wide eyes
4. Clutching one's self or objects to maintain control
5. Begging to be left alone
6. Frantic assurances that he/she is alright

- F. The volatility of the environment is a relevant factor officers must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.

2-13-03 HANDLING THE MENTALLY ILL/SUSPECTED MENTALLY ILL

If the officer determines that a subject may be mentally ill, the officer will attempt to respond in the following manner:

- [6] A. Ensure that backup officers are present before taking any action.
- B. If possible, try to obtain any information on the subject from family or friends.
- [7] C. Calm the situation
1. Cease emergency lights and sirens
 2. Disperse crowds
 3. Assume a quiet, non-threatening manner when approaching the subject.
 4. Avoid physical contact, if possible, while assessing the situation
 5. Move slowly, being careful not to excite the subject
- D. Communicating with the subject:
1. Provide reassurance that the police are there to help and that appropriate care will be provided.
 2. Attempt to find out what is bothering the subject
 3. While relating to the subject's concerns, allow subject to ventilate their feelings.
 4. Do not threaten the subject with arrest or physical harm.
 5. Avoid topics, which may agitate the subject and guide the conversation towards topics that seem to ease the situation.
 6. Always be truthful; if the subject perceives deception, he/she may withdraw and further complicate the situation.

2-13-04 PROCEDURES FOR EMERGENCY MENTAL HEALTH EVALUATION

- [7] A. In accordance with NMSA 43-1-10, an officer may detain a person for an emergency evaluation and care at a hospital, mental health facility, or an evaluation facility in the absence of a valid court order only if:
1. The person is otherwise subject to arrest.
 2. The officer has reasonable grounds to believe the person has just attempted suicide.
 3. The officer, based on personal observation and investigation, has reasonable grounds to believe the person, as a result of a mental disorder, presents a serious threat of harming him/herself or others and immediate detention is necessary to prevent such harm.
 4. Immediately upon arrival at the evaluation facility, the officer shall be interviewed by the admitting physician.



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5. A licensed physician or a certified psychologist has certified that the person, as a result of a mental disorder, presents a likelihood to commit serious harm to him/herself or others, and that immediate detention is necessary. Such certification shall constitute authority for the officer to transport the subject.
 - B. If a subject meets the criteria for an emergency mental evaluation, the officer will arrange transportation to a facility. If possible, the officer will, ascertain the subject's health care provider information and transport the subject to the appropriate facility. Area facilities include:
 1. University of New Mexico Mental Health - 2600 Marble Ave. NE
 2. Presbyterian Hospital - 1100 Central Ave. SE
 3. Pres-Kaseman Hospital - 8300 Constitution Ave NE
 4. Lovelace Downtown - 601 Dr. Martin Luther King, JR Dr. NE
 5. Women's Hospital - 4701 Montgomery Blvd. NE
 6. Lovelace Westside - 10501 Golf Course Rd. NW
 7. Veterans Hospital - 1501 San Pedro SE
 - C. When a subject is taken to a mental health facility the officer shall:
 1. Ensure that the mental health staff have an accurate account of the incident surrounding the protective custody.
 2. Complete and sign an application for emergency hospitalization.
 - [6] D. If a subject is identified as dangerous to him/herself or others, the officer WILL guard the subject until the mental health facility will assume responsibility for the subject.
 - [7] E. If a subject is physically injured or has a pre-existing medical condition requiring attention, physical medical care needs will take priority. The subject will be transported to a hospital emergency room. The hospital will then assume responsibility for any mental health care intervention
 - F. Whenever a subject is transported to a mental health facility, this included but is not limited to voluntary, involuntary, Certificates of Evaluation, grave passive neglect, is in crisis, or when the subject is under arrest, an Offense/Incident report shall be initiated and a copy will be forwarded to the CIT Area Command Coordinator. The Area Command Coordinator will forward the report to the CIT Unit in CID/AFAC.
 - [7] G. Officers who are provided with a Certificate of Evaluation concerning a subject, will attempt to verify the authenticity of the certificate by directly talking to the source in person or by calling the facility or doctor who issued the certificate.
 - H. In the event an officer determines that a person is suffering from mental illness or a crisis but is not dangerous and would benefit from further crisis intervention, linkage to services and/or education regarding services in the community, the officer may request the assistance of COAST.
- When appropriate, officers will utilize the Crisis Intervention Team or the Crisis Outreach and Support Team to assist in handling subjects requiring special consideration.
- I. When an officer has knowledge of a prisoner who has some kind of mental illness, they will notify the Metropolitan Detention Center (MDC) medic who can then notify Psychological Service Unit (PSU). The Officer will forward a copy of the Offense/Incident report to the CIT Area Sergeant Coordinator who will then forward the report to the CIT Unit in CID/AFAC.
 - J. Nothing in this section will preclude an officer from immediately forwarding a copy of an Offense/Incident report to the CIT Unit or COAST in CID/AFAC when they feel it is appropriate.



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2-13-05 NON EMERGENCY REFERRAL TO CIT DETECTIVES/COAST FOR FOLLOW-UP

- [7] A. If an officer determines that a person does not meet the criteria for an emergency mental health evaluation as outlined in SOP 2-13-xx, but exhibits behavior that is indicative of mental illness or instability, the officer will make a referral to the Crisis Intervention Team/COAST Sergeant in CID/AFAC for the appropriate assessment and follow up.
1. Document specific observation of behavior and why the officer is concerned on an Offense/Incident Report or Field Contact Card.
 2. Forward the documentation to the Area Command CIT Sergeant Coordinator who will then forward the documentation to the CIT/COAST Sergeant in CID/AFAC.
 3. Nothing in this section will preclude an officer from immediately forwarding a copy of a report to or contacting anyone from CIT/COAST when they feel it is appropriate.
- B. Examples of behavior that might cause concern:
1. Repeated and seemingly unnecessary calls to police.
 2. Repeated contact with police for petty incidents (i.e., disorderly, neighbor troubles).
 3. Unusual or inappropriate behavior in public that is not dangerous at that time.

2-13-06 INTOXICATED SUBJECTS IN NEED OF MENTAL HEALTH EVALUATION

- [7] A. If a subject is intoxicated and in need of an evaluation, he/she shall be transported to a medical emergency room pending the evaluation.

2-13-07 DEPLOYMENT OF THE FIELD CRISIS INTERVENTION TEAM

The Crisis Intervention Team is composed of Field Services patrol officers that function within their patrol teams as specialists in handling calls involving the mentally ill, and other calls of crisis not related to mental illness.

- A. When available, Field Crisis Intervention Team officers will respond as primary officers to calls that meet the following criteria:
1. Any incident when a mental illness or crisis precipitated a response by APD.
 2. Any incident when a subject poses a risk to themselves or others, e.g., threatened or attempted suicide.
 3. Service of Certificates of Evaluation.
 4. Incidents involving grave passive neglect.
- B. Field CIT Officers will draw from training and experience to ensure an appropriate intervention takes place during and following a crisis response.
- C. When not acting in a Field CIT capacity, team members will continue to perform normal duty activities.

2-13-08 DEPLOYMENT OF THE CRISIS OUTREACH AND SUPPORT TEAM (COAST)

The Crisis Outreach and Support Team (COAST) will be utilized by officers to provide further crisis intervention, referrals to services, and education.

- A. When an officer has determined the scene is safe and there is a need for COAST they will contact radio and request a COAST unit between the hours of 0830 and 1700. If an officer needs COAST after 1700 they will have their supervisor contact the CIT supervisor.



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1. A CIT supervisor is available on an on-call basis 24-hours per day.
2. Officers will wait at the scene for the COAST unit to arrive ensuring the safety of all parties. The officer will brief the crisis intervention specialist including all known information about the situation.
3. Should an Officer will write an Offense/Incident Report they will indicate they requested COAST.
4. The crisis intervention specialist will document all intervention and follow-up in a supplemental report or case note.
5. COAST will not provide services to:
 - a. subjects who are combative or become combative to include transportation of these individuals even if the situation stabilizes.
 - b. incidents involving weapons or the threat of weapons
 - c. subjects or locations that have not been secured and deemed safe by an officer.
 - d. any incident involving the victim of violent crime. These will be handled by a victim's advocate through the District Attorney's office.
 - e. any incidents involving Domestic Violence. These will be referred to the Victims Assistance Unit per SOP. COAST may assist the above units if requested by the respective advocate.

2-13-09 **CRISIS INTERVENTION TEAM ORGANIZATION AND RESPONSIBILITIES**

A. CIT Lieutenant:

Reports To:

Central Investigations Division Commander

Position Summary:

Responsible for the efficiency and effectiveness of the various units under his/her command and for coordinating their functions and activities. The units include the Crisis Intervention Team (CIT) and Crisis Outreach and Support Team (COAST)

Duties, Responsibilities and Tasks:

1. Daily
 - a. Develop and implement programs specifically designed to improve the quality of life for individuals living with mental illness and to reduce the potential for tragedies.
 - b. Promotes harmony among the supervisors and employees of the section.
 - c. Responsible for performing administrative and supervisory duties and responding to the news media.
 - d. Prepares written and oral reports for the superior officers.
 - e. Conducts briefings of the first line supervisors.
 - f. Coordinates activities with other units and agencies.
 - g. Establish and maintain lines of communications between CIT, COAST, and all providers located at the Family Advocacy Center.
 - h. Audits and controls expenditures of budgeted funds, to include overtime.
 - i. Reviews and recommends personnel actions when necessary.
 - j. Initiates disciplinary actions and commendations when necessary.
 - k. Plans and coordinates major investigations when necessary.



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1. Insure the CIT program abides by and implements all Police Executive Research Forum (PERF) recommendations.
2. Weekly
 - a. Allocates and distributes personnel.
 - b. Reviews personnel evaluations of unit personnel.
3. Annually
 - a. Responsible for yearly report evaluation of enforcement and prevention programs.
 - b. Responsible for review and preparation of service measures.
 - c. Completes personnel evaluations.
 - d. Establishes priorities for the unit activities.
 - e. Prepares operating and administrative procedures.

[7] B. CIT/COAST Unit Sergeant is/shall:

1. The Crisis Intervention Team/COAST Unit Supervisor, within the Criminal Investigations Division- Crisis Intervention Team Section of the Albuquerque Family Advocacy Center and will oversee the Crisis Intervention Team Unit as well as the COAST Unit.
2. Responsible for recruitment and training of CIT personnel.
3. Responsible for consultation and liaison between CIT and mental health care providers.
4. To ensure that information from Offense/Incident reports from CIT calls is entered into a database, and that necessary information about high-risk subjects are appropriately disseminated to Field Services personnel through Power DMS or Email.
5. A liaison between the CIT Area Command Coordinator(s).

C. CIT Area Command Sergeant Coordinator

1. A Sergeant from each Area Command
2. Will collect and enter all Crisis Intervention Team Coordinator monthlies report logs from their area command into the J drive and forward a collated list to the CIT Coordinator.
3. Will review and screen Offense/Incident reports from their area command and add notations to help determine follow up by the Crisis Intervention Team Unit detectives or COAST Unit.
4. Help recruit and screen new CIT personnel.
5. Help identify any deficiency in CIT personnel and training.
 - a. Sector Sergeant is responsible for the direct supervision of any CIT personnel assigned to the sector.

D. CIT Detectives are/shall:

1. Be required to attend and be certified in the 40-hour Crisis Intervention Team training and be on-call as the needs of the unit dictate.
2. Conduct thorough investigations on all reports assigned to them by the CIT/COAST Sergeant, to include, but not limited to, background checks, prior calls-for-service, and home visits utilizing COAST and/or the CIT/COAST Psychiatrist.
3. Assist all divisions, outside departments, citizens or family members on all requests involving issues concerning individuals living with mental illness.
4. Assist in training department personnel and other entities on issues pertaining to CIT, mental illness, and proper response to those living with mental illness.



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5. Maintain case files, safety bulletins, hazards and Guardian entries as needed.
6. Be a liaison for, and network with, all mental health care providers.
7. Utilize COAST when appropriate to deter future crisis. (PERF)
8. Conduct background checks on all warrant service done by department personnel.

E. Field CIT Officers shall:

1. Be required to attend and be certified in the 40-hour Crisis Intervention Team training. The officer will be required to demonstrate a high level of proficiency in all areas of instruction they obtained during the 40-hour block of Crisis Intervention Team training; failure to do so could result in completion of the course but not certification as a Crisis Intervention officer.
2. Remain in their designated beat assignment and will answer directly to their sector supervisor.
3. Respond, when available, as primary to calls in which mental illness is believed to be a factor.
4. Respond, when available, as primary to calls when a subject is in a crisis and represents a danger to him/herself or others.
5. Be responsible for the resolution of the call including any appropriate documentation.
6. Volunteer to respond to calls for service that meet the aforementioned criteria, if such a call is brought to their attention.
7. Work in cooperation with mental health care providers in an effort to ensure that the most appropriate intervention response occurs.
8. Be cross-dispatched to other sectors if needed. Only field supervisors may approve the cross-dispatching of CIT Officers to other area commands.
9. Ensure a copy of the Offense/Incident Report initiated by him/her is forwarded to the CIT Coordinator as soon as possible.
10. Document all CIT calls for service on the "Crisis Intervention Team Monthly Report Log" and forward the log to the CIT Coordinator no later than the 5th of the following month.

F. The Crisis Outreach and Support Psychiatrist is/shall:

1. Be a Board Certified Psychiatrist.
2. Be a consultant to all members of the CIT and COAST teams.
3. Be a consultant to the Albuquerque Police Department and other government agencies as needed, and at the discretion of the CIT Sergeant or Lieutenant.
4. Be a representative of APD who promotes the goals of CIT/COAST locally, statewide, and nationally.
5. Assist APD on how to resolve crisis involving people with mental illnesses, including on scene evaluations, TRT response and the Guardian Project.
6. Conduct psychiatric evaluations and community follow-up with the goals of crisis resolution, jail diversion, community safety, and the safety of those with mental illnesses.
7. Have availability for after hour phone consultations and support of the CIT/COAST division.
8. Provide training and education to the Department and Community.
9. Stay current on psychiatric care, medications, and practice trends.
10. WILL NOT provide direct counseling or mental health services to APD, city government employees, or their families.



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2-13-10 CRISIS OUTREACH AND SUPPORT TEAM (COAST) ORGANIZATION AND RESPONSIBILITIES

[7] A. CIT/COAST Sergeant is:

1. The immediate supervisor and will oversee the Crisis Outreach and Support Team (COAST), within the Criminal Investigations Division-Violent Crimes Section at the AFAC.
2. Responsible for recruitment and training of COAST personnel.
3. Responsible for consultation and liaison between COAST, Field Services, CIT field officers, CIT detectives, mental health care providers and other community service providers.
4. Responsible for the day to day operations, assignments, on-call assignments for COAST specialists.
5. Responsible to prepare an on-call roster for the specialists who will be on-call during business hours, on a rotating basis, for periods of one week.
6. To ensure that appropriate referrals and follow up are provided for individuals referred to COAST.
7. Responsible for consultation and liaison between COAST and the courts.
8. To ensure that any subject deemed inappropriate for COAST follow-up due to dangerousness be referred back to the CIT detective.
9. Responsible to ensure all COAST contacts are documented in the COAST database and contact management system and will prepare monthly statistical reports which are to be forwarded to the Crisis Intervention Lieutenant no later than the 5th of each month.
10. Will review and screen Offense/Incident reports forwarded to COAST and add notations to help determine appropriate follow up.
11. Help recruit and screen new COAST personnel.
12. Help identify any deficiency in COAST personnel and training.
13. Assist and coordinate CIT/COAST presentations within the community for educational and resource purposes.

B. COAST Specialists shall:

1. Be required to attend and be certified in the 40-hour Crisis Intervention Team training. The specialist will be required to demonstrate a high level of proficiency in all areas of instruction they obtained during the 40-hour block of Crisis Intervention Team training; failure to do so could result in the specialist being terminated.
2. Be required to complete a comprehensive on the job training and assessment program as prescribed by the supervisor and the Criminal Investigations Division-Crisis Intervention Team Section.
3. COAST shall provide a reasonable effort to resolve the crisis that created the call-out. This includes focused follow-up and coordination of services within the community. The Crisis Specialist should have a goal of avoiding repeated call-outs for the same crisis and shall help promote CIT's mission of jail diversion.
4. Be responsible for the referrals, other than on-scene referrals, assigned to them by the CIT Sergeant.
5. Be responsible for acting as a liaison between COAST and area commands, commanders and officers.
6. Handle on-duty on-call rotation as directed by the CIT/COAST Sergeant.
7. Be responsible to document all COAST contacts in reports or case notes.
8. Work in cooperation with mental health care providers and other community service providers in an effort to ensure that the most appropriate intervention response occurs and to deter future events that may lead people to make repeated calls for service.
9. Ensure a copy of the Offense/Incident Report, if initiated by him/her is forwarded to the CIT/COAST Sergeant as soon as possible.
10. Document all COAST contacts in the COAST database on a daily basis.



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11. Document all COAST call-outs in the monthly stat sheet.
12. Be utilized as an additional resource to CIT when dealing with individuals who have shown the need for intervention once the situation has stabilized. (PERF)

C. COAST Specialists will not:

1. Provide long term or intensive case management or counseling services.
2. Provide victim's assistance in domestic violence cases.
3. Provide victim's advocacy services for victims of crimes
4. Provide long term follow up throughout the judicial process
5. Provide comprehensive explanations or case management or follow up with victims/witnesses regarding the procedures involved in the prosecution of their cases.
6. Provide personal/family counseling services for department employees.
7. Transport violent or potentially violent individuals in their vehicles. Any COAST Specialist can make this determination based on their own discretion and will only be overridden by the CIT Sergeant or Lieutenant.

2-13-11 Project Guardian

DEFINITIONS:

PROJECT GUARDIAN

Project Guardian is a secure law enforcement only information system that has the capability to provide emergency alerts, notifications, and ongoing communication to law enforcement personnel in real time. This system is used for individuals who have presented themselves as an elevated risk of danger.

HIGH THREAT LEVEL

As stated in section 2-13-xx, if a person living with mental illness represents an immediate or potential danger to him/herself or others, and include indicators listed such as, but not limited to:

- a. Availability of weapons.
- b. Substantiated statements to commit, or the actual commitment of a violent or dangerous act.
- c. Personal history, known or provided, that reflects prior violence under similar circumstances.
- d. Any corroborated information that would lead a CIT/FAAST detective to believe the person is a danger to him/herself or others than the person shall be considered a High Threat Level.

REAL TIME CRIME CENTER (RTCC)

A center which provides real-time information to field officers responding to high-risk calls-for-service so officer situational awareness is improved.

A. Criteria for Project Guardian Entry

1. CIT - Individuals entered into Guardian by the CIT Unit will be a subset of those already determined to be dangerous per section 2-13-xx and will be considered a higher threat level. The following criteria will be reviewed by the CIT unit for entry into Guardian. These indicators include but are not limited to the following:
 - a. Significant history and/or threat of violence due to crisis or mental illness.
 - b. Known or suspected possession or easy access to weapons.
 - c. Training in weapons and/or fighting tactics and techniques.



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- d. Threats of suicide by cop and/or provoked suicide.
- e. Substantiated plan to carry out an act of violence.

2. FASTT - Individuals entered into Guardian by FASTT Unit personnel will do so under the following circumstances:

- a. Completion of a current threat assessment, scoring higher than 70% for overall lethality.
- b. Current conduct/threats demonstrating the potential for escalating violence.
- c. The approval of the FASTT Unit Sergeant.

B. CIT/FAAST Detective Responsibilities

- 1. CIT/FAAST detectives shall review reports submitted to them by the CIT or FAAST Sergeant.
- 2. When a CIT/FAAST detective determines an individual meets the requirements as stated in 2-13-11 A 2, they shall enter the individual's information into the Guardian site and shall initiate a Safety Bulletin through Power DMS. The Safety Bulletin will then be disseminated to all sworn personnel.
- 3. CIT/FAAST detectives shall conduct a follow-up investigation, to include a home visit if possible, and will use any and all resources to include the department CIT/COAST psychiatrist to check on the well being of the individual and to provide resources which could help mitigate the circumstances.

C. Communication Responsibilities

- 1. When a call-for-service indicates a subject may be in crisis or is a High Threat Level, as stated prior, the dispatcher will check the Guardian system to verify if any entry has been made on the individual.
- 2. Should no entry be made, the call will be handled per SOP. Shall an individual appear on the Guardian site, the dispatcher will immediately notify the officers who are dispatched to the call and advise the immediate supervisor of the situation.
- 3. Contact the Real Time Crime Center (RTCC) and advise them of the call so information can be immediately relayed to the officers' en rout to the call so their situational awareness is improved.

2-13-12 DEPLOYMENT OF THE CRISIS NEGOTIATIONS TEAM (CNT)

When necessary to resolve certain critical incidents, a trained Crisis Negotiations Team will be used in conjunction with the SWAT Team. These Critical Incidents include:

- A. Hostage/barricaded subjects.
- B. High-risk suicidal subjects.
- C. All incidents involving the execution of high-risk search and/or arrest warrants.

2-13-13 CRISIS INTERVENTION TEAM ROLE IN CRIMINAL JUSTICE DIVERSION

The Crisis Intervention Team will promote diversion of individuals from the Criminal Justice System through the following measures:

- A. When appropriate, officers will seek professional mental health intervention in lieu of criminal charges.



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- B. The Crisis Intervention Team will network with mental health care providers within the community to deter future events that may lead to an individual being introduced to the Criminal Justice System.
 - 1. Frequent meetings are to be conducted with mental health care administrators to insure familiarization with diversionary goals.
 - 2. CIT officers will be available for orientations and training of mental health staff members.
 - 3. Team members will provide testimony in civil commitment proceeding to promote mental health resolution versus criminal sanction.
- C. The Crisis Intervention Team will utilize COAST where appropriate to deter future crisis and thus reduce the possibility of an individual's contact with the criminal justice system.
- D. CIT officers will coordinate with the Pre-Trial Services diversionary component within the court system to address the needs of the mentally ill who have been booked into the detention facility.

2-13-14 JAIL DIVERSION PROGRAM

- A. At times individuals who live with a mental illness may have run-ins with law enforcement for misdemeanor and/or petty misdemeanor crimes. When possible those subjects may be better served by:
 - 1. Issuance of a citation, or
 - 2. Summons
 - 3. May be transported to their mental health provider.
- B. When sending a copy of the Offense Incident Report to Court Services, attach a note stating the subject may be a candidate for Mental Health Court.